

RHODE ISLAND ANNUAL REPORT ON ELDER ABUSE *for 2016*

Rhode Island Division of Elderly Affairs

Gina M. Raimondo, Governor

Charles J. Fogarty, Director



**The Rhode Island Division of Elderly Affairs
is the state unit on aging, charged with preserving the
independence, dignity, and capacity for choice for seniors,
adults with disabilities, families and caregivers.**

www.dea.ri.gov
facebook.com/RIElderlyAffairs
twitter.com/The_RIDEA

Louis Pasteur Building, 2nd Floor
57 Howard Avenue
Cranston, RI 02920
401-462-3000

The World Health Organization defines elder abuse as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person .

Types of Elder Abuse

(with some typical examples)

Financial Abuse

- Forced changes to legal documents
- Misappropriation of money
- Denying access to personal funds
- Forging signatures
- Misuse of bank card or Power of Attorney

Physical Abuse

- Slapping, hitting, kicking, tripping, shoving, burning or bruising
- Physical restraint
- Over or under-medicating
- Handling an older person too roughly

Psychological Abuse

- Verbal intimidation, humiliation, harassment & shouting
- Threats of various forms
- Withholding affection
- Removal of decision making power
- Guardian acting inappropriately
- Preventing contact with family or friends
- Cancelling services
- Withholding mail, or disconnecting the phone line
- Living in, and taking control of the person's home
- Preventing the older person from engaging in cultural or religious practices

Sexual Abuse

- Sexual assault
- Sexual harassment
- Inappropriate touching
- Sexually offensive language and/or materials and media
- Making unwanted comments about and older person's body

Neglect

- Preventing an older person from accessing aged care services
- Receiving compensation for care services but not providing care
- Failing to provide adequate food, water, clothing, medical treatment, medication, warmth, shelter.

Self-Neglect

While not a form of elder abuse, self-neglect poses a significant risk to the elder.

The National Adult Protective Services Association defines self-neglect as: "an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care." Life-style choices or living arrangements alone do not prove self-neglect.

- Poor personal hygiene/not bathing
- Poor medication management/refusing to take medication
- Dehydration and/or malnutrition
- Unsanitary or very unclean living quarters
- Signs of unpaid bills, bounced checks, or utility shut-offs
- Lack of adequate food in house and/or signs of weight loss

CALENDAR YEAR 2016

RI ABUSE AND SELF-NEGLECT STATISTICS

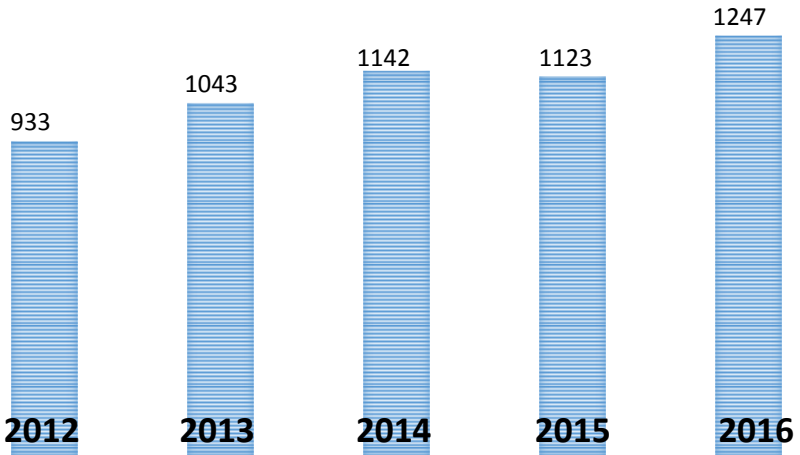


In 2016, there were 1,247 reported cases of elder abuse and 1,185 reported cases of self-neglect.

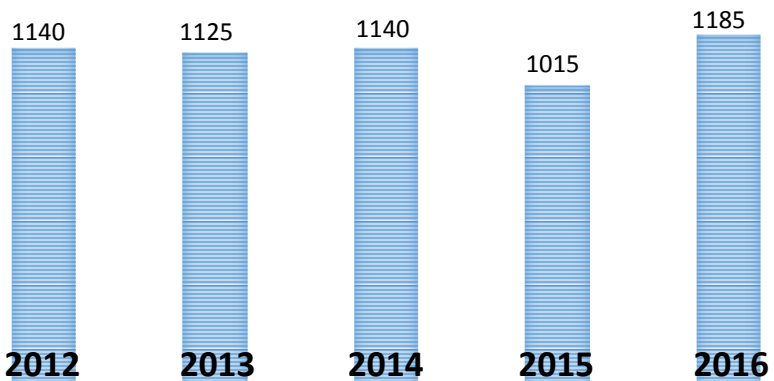
2012-2016 STATISTICS

RHODE ISLAND STATISTICAL TRENDS

REPORTED ELDER ABUSE CASES IN RHODE ISLAND



REPORTED ELDER SELF-NEGLECT CASES IN RHODE ISLAND



RHODE ISLAND DIVISION OF ELDERLY AFFAIRS

Adult Protective Services (APS) Unit



The Rhode Island Division of Elderly Affairs **Adult Protective Services Unit** is responsible for investigating complaints of abuse of Rhode Islanders 60 years of age and older by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation or abandonment. Self-neglect also is a problem among Rhode Islanders 60 years of age and older.

The Unit also operates the Early Intervention Program, a timely response that includes the assessment of risk and the provision of interventions to reduce and/or eliminate harm in cases where there is a reported element of risk to an older adult.

The APS Intake Office received 8,083 calls, faxes and referrals in 2016.

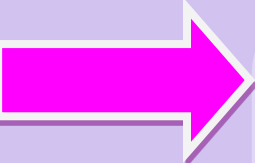
Adult Protective Services (APS) Unit

APS is budgeted at 11 full-time equivalent positions in State Fiscal Year 2017.

- 1 Administrator
- 1 Casework Supervisor
- 2 Intake Workers
- 1 Self-Neglect Program Coordinator
- 1 Self-Neglect Program Assistant
- 5 Abuse Social Caseworkers



The APS Unit is charged with investigating cases of elder abuse and exploitation. Unlike DCYF caseworkers, APS caseworkers cannot enter a home without permission, nor can they remove an adult from their home against their will.



When an elder is in crisis, and/or the victim of violence, the first call should be to the authorities.

DIAL 9-1-1

APS is not an emergency response unit

How to Report Elder Abuse

Abuse and self-neglect reports can be filed 24 hours a day, seven days a week, and on nights, weekends and holidays by calling **401-462-0555**. Reports can be filed anonymously.

Rhode Island law requires any person who has reasonable cause to believe that a senior has been abused, or is neglecting his or her basic needs, to report such a case to the Division of Elderly Affairs. Failure to report abuse of a person 60 or older can result in a fine of up to \$1,000.



Under Rhode Island law (R.I.G.L. 42-66-10), Division of Elderly Affairs records pertaining to a person reported to be abused, neglected, exploited, or abandoned are confidential and are not deemed public records.

Who are Elder

Abuse Perpetrators?

Data from U.S. Department of Justice, Office of Justice Programs, National Institute of Justice (NIJ)



Results of NIJ studies that identify characteristics of those caregivers who perpetrate elder mistreatment:

In a court-based study of abused women in Rhode Island over the age of 50, researchers reviewed court records— cases in which the perpetrator has been prosecuted for a crime— and found that: [1]

- Nearly 1/2 of the suspects had a prior criminal history on record in RI
- Over a quarter had a prior court case for domestic violence
- Two in ten had a prior record for a drug– or alcohol-related event
- 14% had a prior case for a crime against a person (non-domestic)
- 16% had been sentenced to prison for a prior charge




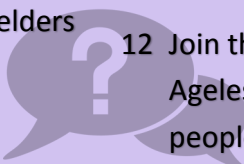
In a telephone survey of nearly 6,000 elderly individuals, victims of elder physical mistreatment responded that: [2]

- 57 % of perpetrators of physical abuse were partners or spouses
- 1/2 of perpetrators were using drugs or alcohol at the time of mistreatment
- Three in ten perpetrators had a history of mental illness
- Over a third of perpetrators were unemployed
- Four in ten perpetrators were socially isolated

[1] Klien, A., T. Tobin, A. Salomon, and J. Dubois. [A Statewide Profile of Abuse of Older Women and the Criminal Justice Response \(pdf, 94 pages\)](#), Final Grant Report to the National Institute of Justice, March 2009, NCJ 222459.

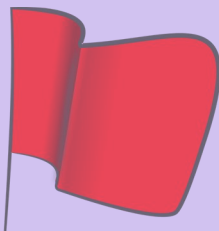
[2] Acierno, R., M. Hernandez-Tejada, W. Muzzy, K. Steve. [National Elder Mistreatment Study \(pdf, 183 pages\)](#), NCJ 226456, March 2008, Grant Report.

12 Things that Anyone Can Do to Prevent Elder Abuse

- 1 Learn the signs of elder abuse and neglect.
 - 2 Call or visit an elderly loved one and ask how he or she is doing.
 - 3 Provide a respite break for a caregiver.
 - 4 Ask your bank manager to train tellers on how to detect elder financial abuse.
 - 5 Ask your doctor to ask you and all other senior patients about possible family violence in their lives.
 - 6 Contact your local Adult Protective Services or Long-Term Care Ombudsman to learn how to support their work helping at-risk elders and adults with disabilities.
 - 7 Organize a "Respect Your Elders" essay or poster contest in your child's school.
 - 8 Ask your religious congregation's leader to give a talk about elder abuse at a service or put a message about elder abuse in the bulletin.
 - 9 Volunteer to be a friendly visitor to a nursing home resident or to a homebound senior in your neighborhood.
 - 10 Send a letter to your local paper, radio or TV station suggesting that they cover World Elder Abuse Awareness Day (June 15) or Grandparents Day (Sept.)
 - 11 Dedicate your bikeathon/marathon/other event to elder mistreatment awareness and prevention.
 - 12 Join the Ageless Alliance. Ageless Alliance connects people of all ages, nationwide, who stand united for the dignity of older adults and for the elimination of elder abuse.
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RED FLAGS of ABUSE

Does someone you know— a senior or adult with a disability—display any warning signs of mistreatment?



>> Neglect

- Lack of basic hygiene, adequate food, or clean and appropriate clothing
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Person with dementia left unsupervised
- Person confined to bed is left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure “bed” sores (pressure ulcers)

>>Financial Abuse/Exploitation

- Lack of amenities victim could afford
- Vulnerable elder/adult “voluntarily” giving uncharacteristically excessive financial reimbursement/gifts for needed care and companionship.
- Caregiver has control of elder’s money but is failing to provide for elder’s needs
- Vulnerable elder/adult has signed property transfers (Power of Attorney, new will, etc.) but is unable to comprehend the transaction of what it means

>>Psychological/Emotional Abuse

- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, unexplained changes in alertness, other
- Caregiver isolates elder (doesn’t let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

>>Physical/Sexual Abuse

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- Unexplained sexually transmitted diseases

WHAT IS THE LONG-TERM CARE OMBUDSMAN PROGRAM?

Under the federal Older Americans Act (OAA) every state is required to have an Ombudsman Program that addresses complaints & advocates for improvements in the long-term care system.

WHAT DOES THE OMBUDSMAN PROGRAM DO?

The Ombudsman program advocates for residents of nursing homes, assisted living facilities, and other similar adult care facilities. State Ombudsmen work to resolve problems individual residents face and effect change at the local, state, and national levels to improve quality of care. In addition to identifying, investigating, and resolving complaints, Ombudsman responsibilities include:

- Educating residents, their family and facility staff about residents' rights, good care practices, and similar long-term services and supports resources;
- Ensuring residents have regular and timely access to the ombudsman services;
- Providing technical support for the development of resident and family councils;
- Advocating for changes to improve residents' quality of life and care;
- Providing information to the public regarding long-term care facilities and services, residents' rights, and legislative and policy issues;
- Representing resident interests before governmental agencies; and
- Seeking legal, administrative and other remedies to protect residents.

OMBUDSMAN PROGRAMS DO NOT:

- Conduct licensing and regulatory inspections or investigations;
- Perform Adult Protective Services (APS) investigations;
- Provide direct care for residents.

WHAT IS A COMPLAINT?

A **complaint** is a concern brought to, or initiated by, the ombudsman for investigation and action

- A) on behalf of one or more residents, and
- B) Relating to the health, safety, welfare or rights of a resident.

One or more complaints constitute a case.

Through a grant from the RIDEA, the Long-Term Care Ombudsman Program is housed at the **Alliance for Better Long Term Care**, 422 Post Road, Warwick, RI, 02888.

Phone: (401) 785-3340; Toll-free: 1-888-351-0808; www.alliancebltc.com

Abuse of Residents of Long Term Care Facilities

Elder and vulnerable/dependent adult abuse affects millions of people in the U.S. It occurs regularly in the community and in long term care settings such as nursing homes and assisted living facilities. It has been reported that, "a vast reservoir of undetected and unreported elder mistreatment in nursing homes may exist," (Bonnie & Wallace, 2002).

How Many Long Term Care Facilities are in the Rhode Island?



90 Nursing Homes
with 9,162 beds



64 Assisted Living Facilities
with 4,397 beds

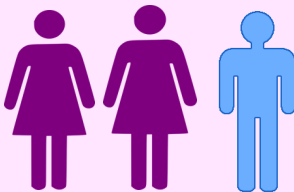
Data provided by RIDOH

Historically, nursing homes in Rhode Island have a **91% occupancy rate**.

Approximately **8,337 Rhode Islanders** live in nursing homes.

Data provided by RIDOH

Who Lives in Long Term Care Facilities?



2 out of 3 residents are female

Less than **1%** are under 30 years of age

About **14%** are under 65 years old

About **85%** are 65 years of age or older

Data from National Center on Elder Abuse, Research Brief: Long Term Care Facilities

The Office of the Rhode Island Long Term Care Ombudsman released the following program statistics in their 2016 Annual Report

Ombudsmen always attempt to verify complaints, but they work to resolve a complaint to the residents satisfaction, whether it is verified or not.

The Administration for Community Living defines verified as, "it is determined after work (interviews, records inspection, observation, etc.) that the circumstances described in the complaint are generally accurate."

Location Type	Complaints Received	Verified by Ombudsman
Nursing Facility	591	226
Assisted Living	196	68
Other Setting	44	10

Ombudsman complaint verification IS NOT the same as a complaint verified by RIDOH.

Rhode Island Volunteer Guardianship Program

Since 2001, the Rhode Island Volunteer Guardianship Program (VGP) has provided Volunteer Guardians to low income, elderly Rhode Islanders who are dementia afflicted and in need of a substitute decision maker for healthcare related purposes.

The RIDEA APS Administrator and Senior Legal Counsel oversee the recruitment and training of volunteer guardians who help Rhode Island's frail elderly make important healthcare decisions. They are also responsible for coordinating the services of pro bono attorneys who will assist in establishing legal guardianships for at-risk elders in the program.



The program has served hundreds of Rhode Island's elders since its inception sixteen years ago. To be eligible for VGP services, a participant must be a Rhode Island resident of at least 60 years of age and without family or friends willing to make health care and related decisions on his or her behalf. The elder must be medically determined to be cognitively impaired and, therefore, in need of a surrogate decision maker. Annual income must meet certain financial guidelines.

For more information about the Volunteer Guardianship Program, or to volunteer, call (401) 462-3293.

Safe Haven for Elder Abuse Victims

Saint Elizabeth Haven

is a program within Saint Elizabeth Community that offers a safe place for a frail elderly victim of abuse to stay for a short period of time.

This program is administered by Saint Elizabeth Community staff in partnership with community agencies.

The community agency works on safety planning while the victim resides within one of the Saint Elizabeth residences.

Referrals to the Saint Elizabeth Haven program must be made by one of their partner agencies listed below:

Child and Family Services of Newport and Bristol County
Day One
Domestic Violence Resource Center of South County
East Bay Community Action Center
The Elizabeth Buffum Chace Center
Meals on Wheels
PACE
RI Coalition Against Domestic Violence
Rhode Island Department of Human Services
Rhode Island Division of Elderly Affairs
Sojourner House
Tri-County Community Action
Westbay Community Action
Women's Center of Rhode Island
Women's Center of Newport and Bristol County

For more information about the Saint Elizabeth Haven program, please call 1-877-613-7010.

Additional Resources

The Rhode Island Coalition Against Domestic Violence

works to eliminate domestic violence in Rhode Island.

422 Post Road, Suite 102

Warwick, RI 02888

24/7 Helpline:

1-800-494-8100

www.ricadv.org

The Rhode Island Office of Attorney General, Elder Abuse Prosecution Unit

investigates and prosecutes crimes committed against persons 60 and older.

150 South Main Street

Providence, RI 02903

401-274-4400, x2383

www.riag.state.ri.us

The Commission for the Safety & Care of the Elderly

works with fire and police advocates in each community to address domestic violence, safety, and other issues.

Louis Pasteur Bldg.-2nd Fl.

57 Howard Avenue

Cranston, RI 02920

401-462-0550

www.dea.ri.gov

The POINT Network brings together information, referral, and long-term care options counseling, as well as the most effective health care service and service delivery under one roof. Regional integration of core services ensures that seniors, adults with disabilities, families and caregivers receive essential and timely information that is consistent, culturally appropriate, and in their own communities.

401-462-4444

www.dea.ri.gov